		I AND MUMAN SERVICES A MEDICAID SERVICES				FOR	M APPROVE
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NAMEOFF	ROMDER; OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIPICODS		07/2007
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(X4) ID PREFIX TAG		Tement of deficiences MUST be preceded by full scident fying information	ID PREFI TAG		PROMINER'S PLAN OF CORRUSTIVE AUTION SI (EACH CORRECTIVE AUTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	MOURD DE	COMPLETION DATE
W 000	INITIAL COMMENT	S	W¢	100		<u> </u>	1
	November 5, 2007 Initially, the fundam utilized however, du and record review, i November 7, 2007 a Treatment. A random sample of from a residential parameter survey findings were group itome and at	vey was conducted from through November 7, 2007. Since the survey process was to observation, interview he survey was existed on at 10:06 AM in Active four clients was adjected opptation of eight fetnales with and other disabilities. The based on observations in the two day programs, interviews outs, including unastral				2001 DEC 21 P 3: 45	RECEIVED HEALTH REGULATION ADMINISTRATION
W 100	At the time of the su the facility was not I Condition of Particip	rvey, it was determined that in compliance with the etion of Active Treatment. MICES OTHER THAN IN	W 1	00	W100		12.27.07
	services in an institute (hereafter referred to facilities for persons persons with related (1) The primary purpovide health or related incretally retarded incretated conditions; (2) The Institution me E of Part 442 of this	cuss of the institution is to rabilitative services for dividuals or persons with each the standards in Subport Chapter, and recipient for whom dis receiving active			This Standard will be evidenced: Reference response to Federal Deficiency Rep (W195)		1
BORATORY	DIRECTORS OF PROMOE	RODPPUER REFRESENTATIVES SIGN	ATURE		TITLE An C		(xii) DATE

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Facility ID: 09G120

if continuation sheet Page 2 of 30

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/20/2007 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPMER/CLIA IDENTIFICATION NUMBER: OCS MULTIPLE CONSTRUCTION (AS) DATE SURVEY COMPLETED A. BÜILDING B. WING 69G12D NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZET CODE IDI 2620 26TH STREET, NE Washington, DC 20018 SUMMARY STATEMENT, OF BEFICIENCES (5:CH DEFICIENCY MUST BE PRECEDED BY FULL RE:ULATORY OR LED IDENTIFYING INFORMATION) (XA) 1D PREFIX TAG PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE PREMIX TAG DEFICIENCY W 100 Continued From page 1 W 160 This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure that bach client received continuous active treatment services. See W1957 W 120 483.410(d)(3) SERVICES PROVIDED WITH W 120 **OUTSIDE SOURCES** W120 The facility must assure that outside services This Standard will be met meet the needs of each client. as evidenced by: This STANDARD is not met as evidended by: OMRP/Nursing staff will 12-27-07 Based on observation, interview and record follow-up with day review, the facility failed to ensure that dutside program staff. Additional services met the needs of one of four clients in ongang the sample (Client #1). training (BSP, ISP)will be provided as needed to The finding includes: ensure that the nurse is The facility falled to ensure day program staff knowledgeable and demonstrates the skills to (AURS) Was familiar with techniques used to decrease Client #1's tear/amodely prior to implement intervention approaching and/or assisting her. strategies. Observation and interview the with the Facility Coordinator at the residential facility on QMRP will provide follow-November 5, 2007 at 8:15 AM revealed the client up visits as needed to Was blint. Continued observation at Client #1's further ensure compliance day program on November 6, 2007 at 11:48 AM with this standard. Day revealed the client arriving to the day program. It program visits will be should be noted that the client unives a wheelchelr for ambulation. At 12:12 PM a nurse documented and was observed to approach Client #1 and remove maintained on file for her from the treatment/classroom area without review communicating any information with her. At which time, the surveyor asked the nurse where she was taking the Client #17 The nurse JRM CMS-2587(B2-88) Previous Versions Obstalate

Event ID: XXXX411

Facility (D: 08G120

CENTE	RS FOF MEDICARE	AND RUMAN SERVICES & MEDICARD SERVICES	1		FOR	D: 11/20/200 MAPPROVE
SIATEMEN	TOP DETICIENCIES OF CORRECTION	(MI) PROVIDENSEPPLERICHA IDENTIFICATION NUMBER	(X2) MULT (A. BU)LD))	TIPLE CONSTRUCTION NG	OMB NO	<u>). 0938-039</u>
~ <u></u>		096120	e, Wing_		' <u> </u>	
NAME OF F	ROVIDER OR SUPPLIER		នក	REET ADDRESS, CITY, STATE, ZIP D	11/	9 7/2 907 -
IDI			2	MASHINGTON, BC 20018	:UDE	
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W 120	#1's g-kibe feeding. the nurse's station s giving you a g-tube t At 12:14 PM, the nur could give her a few	aled that it was time for Client. When the norse atrived in he said "[client's name] I'm leeding." The asked the surveyor if shell minutes and left the client in.	W 120			
	me nurse's station at nurse was not observed to lift Client the client that she had indicate that she was feeding. The client was pasp the nurse's han digging her nails into digging her nails into	one with the survejor. The ved to communicate to Client save the area. At 12:15 PM: At 12:16 PM, the mass was twill's shirt without informing a returned and failed to going to begin Client #1's was immediately observed to the winds simultaneously the nurse's hand. The has does this everyday."				
	the cheirs g-linbe plating and cheirs g-linbe plating her mails. The nurse stop scratching her." observed to rub Clien informing her. The claim grabbed the g-tulifeeding was complete observed to secure Chandage, covering he observed to communate accuracy the bandage baserved to dig into the line.	ient appeared to be started the At 12-20 PM, the ident the nurse was lent #1's abdominal rg-tube. The nurse was not call with the client before. Client #1' was again to nurse's hand with her				
Č	JURITALI MAS KILOWA (program's nuise on 12:22 PM, confirmed that o exhibit a scratching o the nuise, communicating				

CERT	ERS FOR MEDICARI	HAND HUMAN SPECICES & MEDICAID SERVICES			FOR	 D: 11/20/200 M:APPROVE
ラリンコロが正	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/EUPPLER/CLIA IDENTIFICATION NUMBER	PCE) NITUE A. BUILD	TIPLE CONSTRUCTION	(X3) DATE	D. J938-039 SURVEY
		096120	B. WING			
NAME OF	PROVIDER OR BUPPLIER		ļ	REET ADDRESS, CITY, STATE, ZIP CODE 2670 24TH STREET, NE	<u>11</u> ;	97/2007
(X4) ID PREFIX TAG		Truent of Dericencies 'Must be preceded on Full scenentifying information)	ID PREFIX TAG	PROVIDERS FLAN OF CORR. (EACH CORRECTIVE ACTION ST CROSS RETERINGED TO THE AP DEFICIENCY)	T-1-1	COMPLETION DATE
	your intentions or faintentions with Client tentionad. Interview Coordinator (SSC) (revealed that Client Support Plan (BSP) According to the SS exhibit the aforement you failed to communappreaching her. Review of Client #11 (ISP) on November a section entitled "The section, the ISP referenced in the review and interview Retardation Professional Teview and interview Retardation Profession for Scratch the facility did not have facility d	differ to communicate your staff resulted in being with the Support Services on November 6, 2007 #1 did not have a Sighavior to address scratching. C, the client was known to the client was known to the scratching behavior if meate with her prior to the limit with her prior to the condition of the ching. That Work his that med to a "Standard Hental onal (QMRP) revealed that we a document the edure. Further review of the twice unfamiliar persons ersonal space Client #1, was the person and would like y and/or leave her alone." The ISP at 4:15 PM revealed finities be person and would like y and/or leave her alone." The ISP at 4:15 PM revealed wife's Story." The tection ent #1 was "easily flightened infamiliar with your voice, in from to uched her " It would be the person with your voice, in the person with your voice.	W 120			
4	Person's face in order At the time of the sum	rey, the facility failed to	·			

CENTE	RS FOR MEDICABL	AND HUMAN SERVICES A MEDICARD SERVICES	•		PRINTE FOR	D: 11/20/20(MAPPROVE
STATEMEN	OF CORRECTION	DENTIFICATION WINNERS	(XZ) HA	ACTIFIE CONSTRUCTION	OMB N	O. 0938- 039
		09612	B. WIN		'	
ומו	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY. STATE: ZIP C 2620 24TH: STREET, NE WASHINGTON, DC 20018		<u>/07/2007</u>
OXA) ID PREFIX TAG	EACH DEFICIENCY REGULATORY OR LU	TEMENT OF DEPCENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CO (BACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION CATE
W 120	Continued From page program.	JB 4	W 12	20		
W 149		F TREATMENT OF	W 14	W149	· · · · · · · · · · · · · · · · · · ·	
	policies and procedi	/elop and implement written Ires that prohibit ct or abuse of the client.	·	This Standard will be evidenced by:	e met as	
	tailed to establish en ensured the client's	not met as evidenced by: and record review, the facility: ad/or implement policies that health and safety, für three of "#4", and #8) residing in the		1. RN will review and policy and procedures Disposal of Medication controlled substances. continue to conduct rootservations of medical	related to n and Non- RN will utine ation	12.21.07 ongoing
	The findings included 1. The facility failed Medication and Non-policy as outlined.	to implement its "Disposal Oil controlled Substantes"		administration and pro- feedback and direction to further ensure comp- this standard.	as needed	
	revealed Client #2 re Lessing. The client was medication on the flo attempted to take it o	vember 5, 2007 at 17:55 AM ceived medications including was observed to drup the of of her bedroom as shall of the medication cup.		2. QMRP will receive a training on the Incident and Procedures, document and follow-up actions.	Policy entation	
	up the dropped pill (L discard it in the garba bedroom. After disca nurse was observed !	was then observed to pick essina) off of the fibor and uga can located in the client's urding the medication, the punch out a treat pill from administered it to the client:		QMRP will notify Heal Regulatory Administrat MRDDA Incident Mana Unit in a timely manner Documentation will be maintained on file to ref	ion and agement	-
	Kalardation Professio 5, 2007 at 9:43 AM. tr	pled with the Qualified Mental onal (QMRP) on November o ascertain information opolicy on the dispusal of		notification to include d	ate and	

OMB NO. 0938-0391 STATEMENT OF DESICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (AD) PROVIDENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (AD) DATE: SURVEY COMPLETED DESCRIPTION NUMBER:	DEPARTMENT OF HEALTH				PRINTE FOR	D: 11/20/2007 M APPROVED
The incident occurring on Jamuary 12, 2007 was reviewed in Jamuary 2007 by the administrator redisposed of it the sharps container to be disposed of it the sharps medication muse was to be disposed of it the instead and the incoming nuse must be incoming made and the incoming muse must be incoming medication muse was to be disposed of it the sharps container faced that the doctor was to be incoming nuse was to be disposed of it the sharps container lossed in the faced was to be disposed of it the sharps medication muse was to be incoming nuse was to be incoming nuse was to be incoming nuse was to be incominated medication and it was to be disposed of in the sharps container lossed in the faced of it is the sharps medication was to be disposed of it in the sharps in medication muse was to be disposed of it in the sharps the incoming nuse must be incominated in the disposal medication was to be placed in the track and its posal of it in the sharps. Interview with the LPN Coordinator Staff	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/ELEPT SE/C U			OMB NO	0, 0938-0391 Burvey
The incident occurring on January 2007 by the informative Medication nurse on Bovenies of the design nurse on Bovenies 5, 2007, at 1028 AM revealed that the dropped medication nurse on Bovenies 5, 2007, at 1028 AM revealed that the dropped medication rurse on Bovenies 1, 11th reverse with the medication rurse on Bovenies 5, 2007, at 1028 AM revealed that the dropped medication rurse on Bovenies 1, 11th reverse with the medication service of the the third that the medication rurse on Bovenies 5, 2007, at 1028 AM revealed that the third medication rurse on Bovenies 5, 2007, at 1028 AM revealed that the third medication rurse on Bovenies 6, 2007, at 1028 AM revealed that the third medication rurse on Bovenies on the reverse of the third revealed that the third medication rurse on Bovenies 6, 2007, at 1028 AM revealed that the dropped medication rurse on Bovenies 6, 2007, at 1028 AM revealed that the dropped reversed the medication; for the branch of the third reversed the medication structure of the starps container. The LFN Coordinator Staff Coordinator Reverse 6, 2007, at 1028 AM revealed that the dropped reversed that the third reverse of the grapage can. Review of the facilitys "Disposal Of Medication and without the starps container. The policy thrive review of the policy in reversed that the third reviewed that the starps container. The policy thrive reviewed that an employee should withress the disposal of the grapage can. Review of the facilitys "Disposal Of Medication and withress the disposal of demagacianed expired medications, Further review of the policy reversed that the third reviewed that an employee and sequest the medications, and characteristics and sequest the starts outsit were to be disposed of in the entary security of the part of		096428	1		11/	47/20 47
PREFIX DATE OF THE PROPERTY WITH BE PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION WITH A PRESEDENT FULL TO SECULATION WITH A PRESEDENT FULL TO SECULATION OR USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OF USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OF USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OF USE CONTINUED WITH A PRESEDENT FULL TO SECULATION OF USE CONTINUED WITH A PRESEDENT FULL TO SECURITION OF USE CONTINUED WITH A PRESEDENT FULL TO SECURITION OF USE CONTINUED WITH A PRESEDENT FULL TO SECURITION OF USE CONTINUED WITH A PRESEDENT FULL TO SECURITION OF USE O			[2	620 ZATH STREET, NE		9172804
Contaminated/wasted medication nurse was thinform the Licensed Fractical Nurse (LPN) subervisor and Director of Nursing (DON) of the contaminated/wasted medication. The DMP further revealed that the doctor was to be informed of the wasted/contaminated affectication and it was to be disposed of in the sharps container located in the locked medication cabinet. Afterwards, the disposed of the medication was to be documented in the locked medication cabinet. Afterwards, the disposed of the medication was to be documented and the incorring nurse must be documented and the incorring nurse must be made assume of it. The nurse further revealed that the dropped medication was to be placed in the fracti. Interview with the LPN Coordinator Staff Coordinator on November 5, 2007, at 16-16 AM revealed the medication for container should not have been disposed of in the sterps container. The LFN Coordinator Staff Coordinator Buther revealed the medication should not have been disposed of in the garbage can. Review of the facility's " Disposal Of Medication and Non-controlled Substances" on November 5, 2007 at 10:34 AM revealed that an employee should witness the disposal of damaged and expliced medications. Further review of the policy revealed that "all yiels, ampoulse, needles, and exprise time tests" were to be disposed of in the straps container. The policy further revealed that "all pills, jiquids, and other types of conditions."		Y MIJOT DE PRECEDEN SY ELL.	ED PREAX	PROVIDER'S PLAN OF GOR (BACH CORRECTIVE ACTION CROSS RETERENCED TO THE	SHOULD BE	
M CASS-2597(03-09) Frevious Venious Observate Sant ID: keptate Such in contrast	contaminated/wast the QMRP, the mented it is and Director of Number of the wast of the the wast of the wast of the tack of the wast of the wast of the tack of the wast of the	ed medications. Astording to dication nurse was th inform ical Nurse (LPN) supervisor sing (DON) of the ed medication. The IQNEP at the doctor was to be steel/contaminated medication posed of in the sharps in the locked medication so the locked medication is, the disposal of the diction Record (MAR). The disposal of the disposal fination Record (MAR). The disposal of the disposal fination Record (MAR). The edication nurse on Revember is documented and the stopped is documented and the edication made aware of it. The led that the dropped is documented and the edication in the trash. PN Coordinator/Staff ember 6, should be ed of in the starps container. Oristail Coordinator further edication should not have the garbage can. It's "Disposal Of Medication Substances" on November 6, we also that an employee imposal of damaged and in the policy further revision that the policy further revision that the policy further revision that other types of containers should be placed in the bag should be placed in secured in the bag should be placed in the bag sh	W 149	The incident occurring January 12, 2007 was re in January 2007 by the administrator or designarepresentative. Docume	on eviewed ated ent has	

DEPAR	THEALTH-	AND HUMAN SERVICES & MEDICAID SERVICES	ī			FORI	D: 11/20/2007 MAPPROVED
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	the medical waste of the surve the medication nurs Medication and Nonpolicy. 2. The facility falled of its "Incident Mana The following Incident February with the GMRF 12:05 FM revealed for Completed but there evidence of the completed on Caffer the Incident was completed on Caffer the Incident report revealed that The Chest Further revealed that the CMI Investigation however the date the in	container/bex for disposal. At any, the facility failed to ensure a followed its "Disposal Of recontrolled Substances" to ensure the implementation agement" policy as duffined. In reports were reviewed on beginning at 9:11 AN; It dated October 15:12007 The discovered with a scratch timued record review and ballised Mental Retaination It on Nevember 5, 2007 at that an investigation was no documented plation date for the princerview with the CMRP thought that the investigation action 30, 2007 (times days) are first revealed the entraviewed by the eliginated representative. It address the investigation are first revealed the eliginated representative. It address the investigation of the incident report is a direct care staff hit her in eview of the incident report IRP conducted an er, there was no evidence of aton was completed. ARP on November 5, 2007 attent to but he/she started the start he/she started the started the start he/she started the	W	149			

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AND PLAN	OFCORRECTION	(XT) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	PA BUILDING	LE CONSTRUCTION	(XXI) DATE	
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NAME OF	PROVIDER OR SUPPLIER		- L		111	/07/2007
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(X4) 7D FREETIX TAG	REGULATORY OR U	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECT (PACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPRILEMENT)		COMPLETY DAYE
W 148	completed. There that revealed the inv by the administrator representative.	Was no documented exidence resigation had been reviewed or a designated	W 149			
W 153	ClviRP on November revealed investigation investigation investigation investigation investigation investigation investigation investigation results of investigation inves		W 153		·	
ĺ	misusament, neglec injuries of unknown s immediately to the ad	iministrator or to other		This Standard will be mevidenced by: Reference response to W	149.	10.09.07
	oased on maryigw di failed ensure injuries Allegations of abuse v the administrator and	not met as evidenced by: 1d record review, the facility : of unknown source and were reported immediately to other officials in atcordance of the eight residents siding in the facility.			,	12.28.07 ongoing

JRM CMS-0567(02-69) Provious Versions Obsolcto

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If continuation sheet Page 9 of 30

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/20/2007 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFINENCIES AND PLAN OF CORRECTION (DENTIFICATION NUMBER: OMB NO. 0988-0391 OCS MULTIPLE CONSTRUCTION (X3) DATE SURVEY
COMPLETED A. BUILDING B. WING **見り合うり** NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZIPICODE 101 2820 241H STREET, NE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR USC (DENTIFYING INFORMATION) Q64) ID PROVIDERS PLAN OF TORRECTION PREFIX TAG Ю (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION PREHX DATE W 153 Continued From page 8 W 153 The findings include: The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: a. [Cress-refer to W149, 2] An incident report dated October 15, 2007 revealed Client#4 was discovered with a scratch on her left jaw. Further raview of the incident report revealed that the injury was of an unknown origin. At theitime of the survey, review of the incident reportlend corresponding investigation failed to provide evidence that the Department of Health (DOH) had been immediately notified of the aforementioned incident as required. b. [Cross-refer to W149] An Incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. The allegation of physical shuse was investigated, and further review of the Irlaident report form revealed that the State Agestoy's Health Sarvices Coordinator was notified. Interview with the State Agency's Health Services Program Coordinator on November 14, 2007 at approximately 7:30 PM revealed that she had no knowledge of the aforementioned incident/investigation. 483.420(4)(4) STAFF TREATMENT OF W 158 W 158 CLIENTS W156 The results of all investigations must be reported This Standard will be met as to the administrator or designated representative or to other officials in accordance with State law evidenced by: within five working days of the incident Reference response to W149. 12.28.07 This STANDARD is not met as evidenced by: ongoing

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Facility ID: 000(121)

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CENTE	RS FOR MENICADE	AMEDICAID SERVICES	•		PRINTE	D: 11/20/200
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and Plan	OF CORFEE TION	(X4) PROVIDENSUPPHER/CLIA IDENTIFICATION NUMBER:	(PCZ) MIL A. BUTL	LITTIPLE CONSTRUCTION DING	(AS) DAYE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	030 220	, 		11/	07/2007
fDr			}	STREET ADDRESS, CITY, STATE ZIPICODE 2620 24TH STREET, NE WASHINGTON, DC 20018		
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W 156	Continued From pa	ne e	100 00		- -	
	Based on interview failed to ensure that (within five working	and record review, the facility investigations were reported days), for two of the eight and #8)	W 16	96		
	The findings include	:		ļ		
	The following incide reviewed on Novem AM:	nt/investigation reports were ber 5, 2007 beginning at 9:11				
	revealed Client #4 w on her left jaw. Con interview with the Qu Professional (QMRF 12:06 PM revealed t completed but there evidence of the com investigation. Further revealed that he/she was completed on O after the incident was additionally be noted that the investigation administrator or desi-	It interview with the CMRP thought that the interligation ciober 30, 2007 (Titleen days reported). It should that there was no dvidence was reviewed by the grated representative.			•	
	reversed that Client #6 alleged that the chest. Further reversed that the CtM investigation however the date the investigation the CtM 12:06 PM revealed the recollect the date the coollect the date the	r, there was no evidence of dion was completed. IRP on November 3, 2007 et at he/she started title				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/20/2007 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO 0938-0391 (XI) PROVIDERSUPPHERSULA IDENTIFICATION NUMBER CKZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING B. WING 089120 NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZIA CODE IDI 2620 24TH STREET, NE Washington, DC 20018 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX COMPLETION CAYE TAG TAG DEFICIENCY W 156 Continued From page 10 W159 W 156 there was no evidence that the investigation was reviewed by the administrator or designated This Standard will be met as PEPPERANTALIVE. evidenced by: At the time of the survey, the facility failed to ensum that the administrator or designated 1. Reference responses to 12:28:07 representative was made aware of the results of W120. the afonamentioned investigations as required. bryoing W 159 2. Reference responses to 483.430(a) QUALIFIED MENTAL W 159 RETARDATION PROFESSIONAL W189. 3. Reference responses to Each client's active treatment program trust be W249. integrated, coordinated and monitored by a 4. Reference responses to qualified mental retardation professional. W252. 5. Reference responses to This STANDARD is not met as evidenced by: W255. Based on observation, interview and restord 6. QMRP/Nurse will review verification, the facility falled to ensure each client's active treatment program was integrated, current self-medication coordinated and monitored by the Qualified skills and further assess Mental Retardation Professional (QMRP), for four as needed to determine if of the four clients (Clients #1, #2, #3, and #4) client #2, #3, #5 and #8 included in the sample. would benefit from a The findings include: program in this domain. 1. The QIVIRP failed to ensure that outside QMRP will provide staff services met the client's needs. [See Wh20] training as needed and 2. The QMRP failed to ensure each employee monitor implementation was provided with Initial and continuing fraining of program objectives. that enabled them to perform their duties effectively, efficiently, and competently. Bee OMRP will also W1891 document progress and 3. The QMRP failed to ensure that as stion as interventions in the the interdisciplinary team formulated the monthly progress notes individual program plan (IPP), clients received a for each individual.

M CMS-2557(62-09) Parelogy Versions Obsolcie

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	LERS FOR MEDICARI	& MEDICAID SERVICES				FOR	D: 11/20/2007 M APPROVED
AND PL	W OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(202)	MLA.TIP	LE CONSTRUCTION		0.0938-0391
				JILDING		(23) DATE COMPI	EURVEY
<u> </u>		096120	B. W	NG		i	
NAMEC	F PROVIDER OR SUPPLIER		4	T		11/	07/2007
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W 15	9 Continued From pag	10 11			DEFICIENCIA		
	Condinuous active to	extract consisting of needed eve identified objectives. (See	VV 1	169	, -		
	client's individual Pro	to ensure data relative to the se criteria specified in each gram Plan (IPP) objective neasurable terms. [See					
	and revised once the completed an objective	- 1					
	 The QMRP failed in medication training print to address the identification. 	OSCOME had been dealers and			·		
1	oral medications. The observed to punch all reach client's bubble pawing to take	ember 6, 2007 beginning at Clients #2 and #3 received medication nurse was of the medications from ack and provide the clients after receiving their was observed to take her receiving their					
	organia in the 1261 Www.lineview.htm Related on Profession	ity had a self-medication. Ity had a self-medication. Ithe Qualified Mental Ithe Qualified Mental Ithe Qualified Mental					

L CN1	ERS FOR MEDICARE	AND HUMAN SERVICES	1		PRINTE FOR	ED: 11/20/200 EM APPROVE
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDERSUFFICEVOLIA IDENTIFICATION NUMBER:	П.	MULTIPLE CONSTRUCTION	OMB N	<u>Q. 0938-039</u>
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W 15	Review of Gliente #2	and #2's renowle be	W 1			
	respectively, rovealer self-Medication Associated #2's assessment client #2's assessment further in been approved for a to her cognitive and proved for a to her cognitive and proved for a self-medication programpairment.	it 2:21 PM and 6:20 PM d both clients had esements. According to ent dated March 5,12007 and antidated September 4, 2007, dills in the domain of nistration. Client #2's everaled that she Had not self-medication program due linysical impairmedic. Client #3's assessment d not been approved for a sen due to her physical	•			
	three clients (Clients :	t interview with the QMRP at 8:47 AM reveiled that (3, #5, and #8) ware going rvised apartment/setting in				
W 189	ensure training progra address the identified of of self-medication admit 483.430(e)(1) STAFF. The facility must provide initial and continuing to employee to performing efficiently, and compete this STANDARD is no leased on observation; is eview, the facility failed employee; was provided	IRAINING PROGRAM le each employed with sining that enables the is or her dulies effectively, ently. It met as evidenced by interview and rechro to ensure that each with initial and continuing	'W 189	W189 This Standard will be met as evidenced by: 1. Reference response to W149. 2. Reference responses to W149.2.	s	2,27.07 ngoing
CMS-2567		eto Evint ID; KENATII	Fac	hity III docaren liferation	valion sheet Pag	12 -62-
				- INTERIOR	adeals attest het	70 13 of 30

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/20/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION CA) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: OMB NO. 0938-0391 OC) MULTIPLE CONSTRUCTION (XXI) DATE SURVEY A. BUILDING COMPLETED H. WING 09G12b NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZIPICODE IDI 2020 24TH STREET, NE Washington, DC 20018 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR USC INENTIFYING INFORMATION) (X4) ID PREFIX PROVIDERS PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) ID PREFIX TAG COMPLETION TAR DATE W 189 Continued From page 13 W 189 training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The facility failed to provide evidence that nursing staff were effectively trained on the facility's "Disposal Of Medication and Non-controlled Substances" policy. (See W149, 2. The facility failed to provide evidence that the Qualified Mental Retardation Professional was effectively trained on the facility's "Incident Management" policy. (See W149, 2) 483.440 ACTIVE TREATMENT SERVICES W 195 W 195 The facility must ensure that specific active W195 treatment services requirements are met. This Condition will be met as evidenced by: This CONDITION is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure continuous Reference responses to active treatment services (See W196 and W249); 12-28-07 W196, W249, W252, and failed to ensure the accurate and consistent ongoing documentation of each client's formal programs W255 (See W252); and failed to provide evidence that Individual Program Plans (IPP)s were reliewed and revised once the client had successfully completed an objective (See W255). The effects of those systemic practices resulted in the failure of the facility to ensure the delivery of continuous active treatment services. 483.440(a)(1) ACTIVE TREATMENT W 196 W 196

)RM CMS-2557(02-93) Few June Valuions Obsciele

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If continuation sheet Page 14 of 30

TATEMEN	T OF DERICHMENT	A MEDICAID SISTMCES	-		FÓR CMR Na	D: 11/29/20 M APPROV O. 0939-03	
ND PLAN	AF CORRECTION	(X1) PRECADERSSEPTIFFICIA IDENTIFICATION NUMBER	A. Building	PLE CONSTRUCTION	(XX) DATE	(XXX) DATE SURVEY COMPLETED	
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VAME OF P	ROVIDER OR SUPPLIER		+- 		11/	97/2007	
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	treatment program, consistent impleme specialized and gen services and related subpart, that is directly the client in function determination and it and	which includes aggressive, which includes aggressive, mation of a program of eric training, treatment, health services described in this field toward;	W 196				
·	Based On observatio Revisiv, the facility fai received continuos a	not met as evidented by: a, interview and retord led to ensure each client clive treatment services, for \$ (Clients #1, #2, #5 and #4)) le.		W196 This Standard will l met as evidenced by	· ·		
-	The findings include:			1. Reference respon	se to	12.21.07	
1	i. The he facility falle services met the Cile	d to ensure that outside ht#1's needs. (Sale W120)		W120. 2. Reference respon W249.	·	ongoing	
(contractis active tre:	o ensure clients rebeived atment services in the form led in each client's individuali V249)		3. Reference responto W252.4. Reference responto W255.	į		
C W	compisionent of the rent's Individual Pro	ensure data relative to the le criteria spectified in each gam Plan (IPP) objective reasurable terms. (See		•	·		
4 tr	. The facility's failed idividual Program Pie	to provide evidence that ans (IPP)s were retrieved					

_CENTE	RS FOR MEDICARE	& MEDICAD SERVICES			FOR	ED: 11/20/206 MAPPROVE MO. 0938-039
AND PLAN	n of Deficiencies of Correction	(X1) FROMDER/SUPPLIENCLIA IDENTIFICATION NUMBER:	A. BULLING	PLE CONSTRUCTION	(PE) DATE	SURVEY PLETED
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NAME OF	PROVIDER: OR SEPPLIER				11	<i>1</i> 07/2007
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PREFIX TAG	REGULATORY DR LE	MEMENT OF DEPICENCES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APREDICTENCY)	abit en tret	COMPLETION DATE
Vy 196		e client had successions	W 196			
W 249	483,440(d)(1) PROC	BRAM IMPLEMENTATION	W 249		_	
-	tomiciated a client's each client must recomment program of interventions and seand frequency to sur	disciplinary team hits Individual program plan, alve a continuous active consisting of needed rvices in sufficient dumber oport the achievement of the: in the individual program		W249 This Standard will be met as evidenced by:	•	
	This STANDARD is Based on observation review, the facility fail the interdisciplinary to individual program placentinuous active transmorrand frequent achievement of the orindividual program placenties #1, #2, #3, assample. The findings include: Observation of Clients 2007 during the momeration beginn muse punched all of their bubble packs an neverage (water and juicet #2 was observed in medications from actividually place them	sjectives identified in the en, for four of the four clients and #4) included in the #2 and #3 on Nevember 5, ing medication ing at 7:44 AM revisited the clients medications from a provided the clients with a provided the respectively) to draw.		 All program objectives will be implemented as outlined on the IPP/ISP for client #1, #2, and #3. Reference response to W249.1 QMRP will receive additional in-service training/disciplinary action to address implementation training objectives and services consistent with the current IPP/ISP. 		12.26.07 Ongoing

		I AND HUMAN SERVICES & MEDICAID SERVICES	ř		·	FOR	D: 11/20/200 M APPROVE
STATEMEN	Y OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONS	ТЯЛСТІОМ	(XX) DATE	O. 0838-039 SURVEY LETED
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NAME OF	ROVIDER OR SUPPLIER		st	REET ADDR	ESS, CITY, STATE, ZIP CODE	172	<u>/07/2007</u>
ioi .	·			2520 24TH :	STREET, NE TON, DC 20012		
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	Interview was condi- and Qualified Mental (QMRP) on Novemi 9:59 AM respective clients in the facility program. The FC a of the clients participant skills in the do- administration. This review of Client #2's and Client #4's on Manual Client #4's on Manual observation Continued observation 4:23 PM revealed Continued observation Continued observation Continued observation 4:23 PM revealed Continued observation conserved in the living manual register crossed. A observed seated on engaged with a portaphyring it or listening observed to be report to a large bean bag in PM, Client #2 was at dance, "The client dance, "Th	usted with the Facility (FC) all Retardation Professional ber 5, 2007 at 9:57 AM and iy, to ascertain if any of the had a self-medication and QMRP revealed that name pated in a formal program to main of self-medication was verified through the record on November 6, 2007 in on November 5, 12007 at lients #1, #2, #3 and #4 in the com in her wheelchair with t 4:30 PM, Client #2 was the sefa in the living room able electric keyboord (either to it). Client #4 was eithened from her wheelchair in the living room. At 4:43 aked to by the QMRP to enced until 4:48 PMland then with the keyboard. Af 5:01 beerved to have a cylinder affied in her hand. I #7 at 4:40 PM, revealed a repling to engage the client in The QMRP was also the in the activity by offering lis from which to change her rearment. Af 4:55 PM.	W 248	4. QI pro mo	QMRP will review program documentation on a weekly basis and provide feedback and direction for staff as needed to further ensure that active treatment is continuous and supports the achievement of the objective. Reference response to W255. WRP will review all ogram objectives and odify as needed. Outine QA audits will be empleted to further sure compliance with standard.		12.28.07 ongoing
(Client #1 was escorte	d back to the living room.	<u> </u>			. -	
401 - 101	いっとうかい そてはいので くんくこうりゅうご	Mandaha Editor maranganin		de 4 PM		· 	

		AND HUMAN SERVICES & MEDICAID SERVICES						FORM	D: 11/20/2007 MAPPROVED D. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(XI) PROMOCH/SUPPLICIVELIA IDENTIFICATION NUMBER:	P Britin		CONSTRUCTIO	N		(X3) DATE SURVEY COMPLETED	
		0961201	B. WIN	IG				11/	07/2007
NAME OF I	PROVIDER OR SUPPLIER			STREET	ADDRESS, CIT	Y, STATE Z	IP CODE		
IDI					247H STREET HINGTON, D				•
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	their bedroom. Intelligible that Clients #1 and a during mealtimes be through their g-tube. Continued client observation of Residential Service behind the FC to remake to be used by the billing morn table by individually prepared placed on the table. Observed to be involved to be involved to be involved. Clients a concluded. Clients a concluded concluded. Clients a concluded concluded. Clients a concluded concluded. Clients a concluded concl	#1 and #4 were estpried to rulew with the QMRP revealed by temained in their bedroom exause they both were fed so cause they be a solution at 5:04 PM, revealed wanthe hallway with the (FG). The Assistant Director cas (ADRS) followed shortly cannot the FC about the guide Client #2 during ambulation. It dinner was served at the staff. Each client splate was In the kitchen by staff and Clients #2 and #3 were not wed with meal preparation or stely 5:31 PM, dinner was 12 and #3 were neither included in clean up. The week to be involved in clean up. The witchen until 4:04 PM. The web to participate/selist with a 13 dinner preparation. The web to participate/selist with a 14:06 PM, Client #3 was 14:106 PM, Client #3 was 15 in an activity that required elanimals on flash cards. The raised on the sofa in the living the stad on the sofa in the living the living the stad on the sofa in the living the living the stad on the sofa in the living t	'W 2	249					
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FORM CMS-2567(02-05) Previous Versions Obsolete

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Incontinuation sheet Page 18 of 36

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	1. Review of Client revealed information training programs at to the review of Client 8, 2007 at 4:01 PM, Plan (ISP) was held with the QMRP and corresponding IPP for exealed the team in programs for the cursonned on 80% of for elx consecutive interview with the Qlient #1 will tole aforementioned programs for the collection record revalont aforementioned programs for the collection record revalont aforementioned programs for the collection record revalont will tolerate rubbed on arms (lotted that #1 will tolerate rubbed on arms (lotted that the aforementioned permonths by August 200MRP and review of revealed that the aforementioned permonth it by August 2008. Interview of the data conthe aforementioned pimplemented.	is #1, #2, #3 and #4's records in regarding their formal and collection. According that the client's individual Support of the client's individual Support in August 1, 2007, Interview is review of the client's for the ISP (at 6.29 HM) recommended the following areat ISP year: Active her hands being the trial recorded per month mentins by August 2:108. AMRP and review of the data realed that the gram had not been sek when prempted by staff a having a textured item for, sponge, cotton tails, for 4 minutes on 80% of the month for six consecutive 608. Interview with the fixe data collection record prementioned program had	W2	49		•		
. {	a mulüsensory stimul	lation activity for five minutes:						

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Facility ID: 08G120

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			1.	FORM	11/20/2007 APPROVED 0938-0391
TATIENENT	OF BEFICIENCIES F CORRECTION	ON PROVIDERSUPPLIER/CLIA IDENTIFICATION NOWBER:	1 '	WLTIPL ILDING	E CONSTRUCTION	(X3) DATE S COMPLE	ued Ted
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W 249	with the CMRP and record revealed that had not been imple it should be noted to #1's data collection being collected on for the previous year. 2. According to the on November 7, 20 was held on April 1. QMRP and review it IPP for the ISP (at recommended the current ISP year. a. Client #2 will imple carry her laundry in room on 80% of the 6 consecutive mont with the QMRP at 4 time of the survey, had not been imple b. Client #2 will im Given hand over haparticipate in a grother peers for five m recorded per montion.	d assistance for six is by Jameary 2008. Interview is review of the data oblication at the aforementioned programs mented. That further review of Client record revealed that data was all of objectives recommended ar's ISP review of Client #2's record 07 at 2:30 PM, the client's ISP 2, 2007. Interview with the of the client's corresponding 3:14 PM) revealed the team following programs for the prove her daily living skills. Interview with the of the basket to the laundry a trials recorded per mention with the of the aforementioned program mented. The prove her daily living skills at the interview with the aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented. The prove her daily living skills are aforementioned program mented.	•	249			
	revealed that at the aforementioned proimplemented.	wy with the CMRP at \$1.48 PM time of the survey, the ogram had not been nance social awareness skills.					
			_				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/20/2007 FORM APPROVED OMB NO. 0938-0391

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		696120	B. WI	NG_			11/0	7/2007
MAME OF P	ROVIDER OR SUPPLIER	_		2	reet address, city, stat 520 24th Street, Ne Mashington, DC 200	•		
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W 249	center or nature ce for 3 consecutive in the QL/RP at 4:48 I the survey, the afor been implemented. d. Client #2 will entire times per was music related act physical assistance 9/07. Interview with client's record rever	lient #2 will visit a signt/sound noter with physical astistance norths by 6/07. Interview with PM revealed that at the time of ementioned program had not mance social interaction skills. ek, Client #2 will patificipate in with for 10 minutes with the CMRP and review of the aled data had been collected	W	249			,	
	2007 et 11:55 AM, held on August 2, 2 QIMRP and continuate revealed the ISP with the Continued to work of continued to work of continued to work of continued to work of continued in the August of Residen November 7, 2007 ISP on September 200 QMRP revealed the program were reconsisted of the continuational communicative required of the CMRP and revised the QMRP and revised the continuation of the QMRP and revised the QMRP and revised the quarter of t	:#5's record on November 7, revealed the client's ISP was 006. Interview with the ed review of the client's record as expired. Additional MRP and review of the client's ord revealed the client on program objectives pust 2006 ISP it should be timerview with the Assistant dial Services (ADRS) on revealed that Client #3 had an 7, 2007. Review of the IPP for 7 ISP and interview with the it only two formal redidential immanded. One program client #3 to improve her cation skills and the other he client to enhance ther at skills. Continued interview ew of Chent #3s record	•	•				
FORM CM525	57(02-89) Previous Vestions	Obsoloto Eternt ID: K6N41	-	Fac	elity ID: 09G120	If contin	lation and	Page 21 of 30

CENTER		AND HUMAN SERVICES & MEDICAID SERVICES DOIS PROVIDENSUPPLENGUA			PLE CONSTRUCTION	FORM	: 11/20/2007 APPROVED 0938-0391
and Plan C	F CORRESTION .	DENTIFICATION NUMBER:	AL BUI			COMPL	
		09G126	B. WIN	<u></u>		11/0	7/2007
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				W	MASHINGTON, DC 20018		
(XA) TO PREPLX TAG	(EACH DERICENCY	Tement of Deficiences Must be precided by Faul SC Dentifying Information)	id Prefi Tag		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD \$5	COMPLETION
W 249	wishes to use on the se measured by act Interview with the Quitorementioned properties year. The through review of the notes. According to unable to participate February 2007 through review of the computer or the Further review of the client falled to achie program from May 2007. b. Two times month them of the trials present from of her choice mof the trials present by September 2008 and record review materials year with a According to review from January 2007 client was not to examine monthly client #3 recold weather. monthly Client #3 recold to the problems with Review of the QMR 2007 through September 2007 through 2007 through September 2007 through 2007 through September 2007 through 2	ect the software program she a computer for 4 outpot 5 trials live treatment documentation. WRP revealed that the garan was continued from the at information was verified to QMRP monthly progress to the notes, Client #3 was a with the program from ugh April 2007 due to either a printer matiunctionity, a QMRP notes revealed the eye the criteria specified in the 2007 through September this, Client #3 will purchase an into the exceed \$10,00ton 75% and for six consecutive mentius. Interview with the QMRP	W 2	249			
· .	Note: it should be r	noted that interview with the		<u> </u>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/20/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (21) PROVIDERSUFFLIERGLIA IDENTIFICATION NUMBER: (C2) MULTIPLE CONSTRUCTION (XXI) DATE SURVEY COMPLETED A BUILDING A WING 096129 11/07/2007 NAME OF FROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2626 24TH STREET, NE IDI Washington, DC 20018 SLIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE (X4) ID (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX PREFIX TAIT DEFICIENCY W 249 Continued From page 22 W 249 QMRP on November 5, 2007 at 8:47 AM revealed Clients #3 was scheduled to move to a less restrictive environment (supervised) apariment) 4. On November 7, 2007 review of Client #4's record at 4:21 PM revealed the client's ISP was hald on September 7, 2007. Interview with the QMRF and review of the client's corresponding IPP for the ISP (at 5:23 PM) revealed the toam recommended the following program for the current ISP year. Client #4 will improve activities of daily (lying skills. Given hand over hand assistance, Client #4 will help brush har teeth on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP. revealed that at the time of the survey, the aferementioned program had not been implemented. Continued record review revealed additional program objectives were recommended at the 2007 ISIP that were continued from the previous ISP. They included objectives to participate in lower extremity range of motion exercises, improve communication skills by passing an object and participate in a multi-sensory stimulation activity. Interview with the QMRP and record review on November 7, 2007, reviewed that Client #2 had already met the criteria outlined in the continued program objectives. At the time of the survey, the QMRP failed to provide information that justified why the program objectives were confinued (See also W255). The facility tailed to provide evidence that Clients :

FORM CMS 2567(02-08) Previous Versions Obsolete

#1, #2, #3, and #4 were provided the opportunity

Event ID: KON441

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If continuation sheet Page 23 of 30

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W 249 W 252	objectives in the for 483,448(e)(1) PROP Data relative to acco	ge 23 commended program m and frequency required, SRAM DOCUMENTATION omplishment of theichieria dividual program plan	W 245		 -	
	objectives must be o terms.	podrusujed in megsurable		W252 This Standard will be		
	Based on Interview a failed to ensure data accomplishment of the client's Individual Provided in the four clients (Client's Client's Clien	he criteria specified in each igram Plan (IPP) objective measurable terms, for one of it #2) included in the sample.		Reference responses to W249 and W196. QMRP will review program objective for client #2. QMRP will provide additional training as needed for staff on implementation and documentation of program objectives. QMRP will monitor on weekly basis.	n .	12.28.07 ongoing

DEPAP CENTE	RTMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		•	FOR	D: 11/20/200 M APPROVE
STATEMEN	IT of Derciencies of Correction	(XI) PROVIDENCE PRINCIPALITY (LA IDENTIFICATION MIMBER:	(XZ) MIJLTE A. BUILDING	PLE CONSTRUCTION	(PCI) DATE	O. 0938-039 SURVEY LETED
		89 G12 A	8. WING			.
NAME OF	PROVIDER OR SUPPLIER		26	eet address, city, state, zpicode 20 24th street, ne Ashington, dc 28818	<u>. 11</u>	/ 07 /2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	THON DUILD BE ROPRIATE	(CS) COMPLETION DATE
W 252	1	ga 24	W 252			
W 255	frequency required. 483,440(f)(1)(1) PRC CHANGE	DERAM MONITORING &	W 255	W255	·	
	professional and rev but not limited to sit	ised as necessary, including, lations in which the client had ted an objective or third had		This Standard will be met as evidenced by: Reference responses to W249, W196, and W25	;	12.27.07 ongong
	Based on interview a facility's Qualified Me Professional (QMRP that lactividual Programmed and revised successfully complete the four clients (Client the sample. The findings include: 1. Review of Client ± 2007 at 230 PM, review of the client and review of the client and review of the client ± 2007 at 2007	italied to provide stridence am Plans (IPP)s were the client half an objective, for two of his #2 and #4) included in 12's record on November 7, ealed the client's ISP was 7. Interview with the CMRP at the am recommended the jective for the current ISP factorial communication exhal promote. Client #2 will		QMRP will modify and/or develop program objectives for client #2 and #4. QMRP will continue to monitor and assess each individual's progress at least monthly. QMRP will make changes/revisions to individual program objectives as needed particularly in situations in which the client has successfully completed objective. QMRP will maintain	1	
	activitie a keyboard fi by Active Treatment (to interview with the C aforementioned progr	artial prompts, Client #2 will by 5 of 5 trials as measured locumentation. According MRP at 3:59 PM, the arm was continued from last cations. Last year's ISP		QMRP will maintain documentation on file to reflect program interventions.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/20/2007 FORM APPROVED OMB NO. 0938-0391

	of Deficiencies F Correction	(X1) PROVIDER/SUPPLIBRICU IDENTIFICATION NUMBER		A BUIL	-	COMPLE	
		09G12U		a. WIN	<u> </u>	11/0	7/2007
NAME OF P	ROMDER CIR SUPPLIER	,			STREET ADDRESS, CITY, STATE, ZE 2620 24TH STREET, NE WASHINGTON, DC 20018	F GODE	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECESSO BY FULL SC DIENTIFYING NIFORMATION		PREFID TAG	PROVIDER® FLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(25) COMPLETION DATE
W 255	trials. Review of the program objective the program objective the program for 5 of Septemoer 2006 the again from May 20 QMRP was queried client was supposed modified program, continued interview revealed the criteria level est program prior to its 2. Review of Chen 2087 at 4:21 PM, redd on September QMRP and review IPP at 5:23 PM revite following program ISP year: a. Client #4 will im motion. Given phy	to perform the task 3 out the documentation for last; revealed the client completed a train per month in though February 2007; the Office of the determine what skills and to learn attain with the At the time of the survey with the CMRP and record the client had already manufaced in the modified	rears sted on The the rel est r7, as rel rel rel rel rel rel rel re	W 2	55		
·	exercises 10 repetitives per week for Interview with the Construct the aforest had been continued interview the QWFP's month objective had been exception of April 2 interview with the Courter was continued to respirate was	extremely range of mountificine holding for 15 secons (12 consecutive months.) IMRP and record review nemioned program object of from lest year's ISP; with the QMRP and review notes revealed the program of the loof since November (2002) MRP, at the time of the real information as to why nucled without revision, chicael communication skillenal communication skill	ds, 51 We ew off ram 6. The				

PRINTED: 11/20/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES. FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION (X1) PROVIDERISUPPLIERICHA DCZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED DENTIFICATION NUMBER a fundiding 也 Wing 096126 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET. NE I D I WASHINGTON, DC 20818 CXA) ID -PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EX) COMPLETION STAC (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION PREFIX TAG TAG DEFICIENCY W 265 Continued From page 28 W 258 After placing an object in Client #4's halid, she will give the object to the trainer, upon request, for 3 of 5 trials as measured by active treatment documentation. Interview with the QMIP and record review revealed the afgrementaked program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through September 2007. Interview with the ONRP, at the time of the survey, falled to reveal information as to why the program was continued without revision c. To enhance attending skills. Once atweek, Client #4 will participate in a mult-concerv stimulation activity of her selection for 5 minutes with hand over hand assistance for 6 consecutive: months by 8/08. Interview with the QMRP and record review revealed line aforementioned W331 program objective had been continued from last year's ISP. Continued Interview with the QMIRP This Standard will be met as and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through evidenced by: 121307 September 2007. Interview with the QMRP, at Physician order includes the time of the survey, falled to reveal information (philophia information about the abdominal as to why the program was continued without binder. Nurses will document revision. information daily to support W 331 483.460(c) NURSING SERVICES W 331 interventions. The facility must provide clients with mursing services in accordance with their needs. RN will continue to conduct routine audits/observations to This STANDARD is not met as suidenced by: further ensure compliance with Based on observation, interview and record this standard. review, the facility's nursing services failed to

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Event list kniker

Fedility ID: 08G(20)

If continuation sheet Page 27 of 30

		AND HUMAN SERVICE		1			FORW): 11/20/2007 MAPPROVED): 0938-0391
	FOF PERMITTION	(A) PROVIDENSUPPLIERCE EDENTIFICATION HUMBER	A	(AC) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE S	URVEY
		896120	_	ie. Wid	163 <u> </u>		11/4	7/2007
NAME OF P	ROYDER OR SUPPLIER				262	et address, Chy, State, Zipicode 20 24th Street, NE 26Hington, DC 20018	1	747 <u>2</u> 007
(XA) ID PREPIX TAG	(EACH DETCENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID FREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APP) DEFICIENCY)	XULD BE≅	COMPLETION DATE
W 331	in accordance with t	ge 27 ent received nursing ser their needs, for onerof th re sample. (Clients #1)	/ices) ≥ fouir	WS	131			
	The firefing includes							
	November 6, 2007 a nurse assisting the At 12:20 PM, the feature was observed #1's abdominal band	nt #1's day programion at 12:18 PM revealed the client with her g-tube feeding was completed and to immediately seque the lage covering her g-tube was observed to return secon area.	ding) I the Clical	,				
	November 6, 2007 a physician's order da documented to cove abdominal binder ev Release abdominal minutes after feeding there was no documente order was discornated that review of for June 2007 and S	eny shift for protection. binder every hour for 10 g. it should be noted that ented exidence that revisioned. It should be fur Client #1's physician's o eptember 2007 (good for, 2007, failed to document.	itten raledi ker rdersi					
	nuise on November ascertain Information order regarding the ato the nuise, Client is released for one hou quested to ascertain	ched with the residential 6, 2007 at 521PM to about the aforemention abdominal binder. According to the factor of the control	ding i s otheri					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 11/20/2007 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DETICIENCIES (X1) PROVIDER SUPPLIFICATION DENTIFICATION NUMBER:		(X1) PROVIDERSUPPLIFFICEIA IDENTIFICATION NUMBERI		rictipl LDING	e construction _	CCS) DATE SURVEY COMPLETED	
		60G12B	B. WI	NG	· · · · · · · · · · · · · · · · · · ·	11/0	7/2007
NAME OF P	ROVER OR SUPPLIER			STREE 262 WA			
(XA) ID PREFIX TAG	(EACH DETCIENC)	TEMENT OF DEFICIENCIES Y MUST SE PRÉCÉDED ET FULL SC IDENTIFYING INFORMATIONS	ID PREF TAS		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	COMPLETION DATE
W 436	services falled to experience order was adhered 483.470(g)(2) SPARTHE FACTOR OF SPARTHE STANDARD INTERPOLATION OF STANDARD INTERPOLATION OF CITE AND	urvey, the facility's nursing resure the aforementioned to as written. CE AND EQUIPMENT Thish, maintain in good repair, the and to make informed less of dentures, eyeglasses, communications alds, braces, dentified by the client. It is not met as evidenced by: lon, interview and redord lifty failed to ensure the circlient's adaptive equipment of five (Clients #2 and #5) icility.	W	436	W436 This Standard will be mevidenced by: QMRP/Home Manager we continue to implement wheelchair monitoring documentation of wheelch QMRP/Home Manager we follow-up to secure all newheelchair repairs. QMRP/Home Manager we conduct routine inspection wheelchair and provide for up as needed to further encompliance with this standard provides.	hairs. fill cessary fill ns of follow- sure	12.27.07 ongoing
	Observation of Cite	nt (14's wheelchair and					

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If continuation sheet Page 30 of 30

		AND HUMAN SERVICES MEDICARD SERVICES	r		PORM	X: 11/20/2007 APPROVED
STATEMEN	FOF DEFICIENCIES OF CORRECTION	(XI) PROMIDER/SUFFLIERICLIA IDENTIFICATION NUMBER;	(X2) MUI A BUILD	TIPLE CONSTRUCTION	(XS) DATE:), 0938-0991 SURVEY ETED
		096126	B. WING		-	07 <i>1</i> 2007
NAME OF F	ROWDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZP 2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		PREFX TAG	PROVIDEN'S PLAN OF	ON SHOULD SE TE APPROPRIATE	COMPLETION DATE
W 436	November 6, 2007 closure mechanism (left side) was brok the facility failed to	ige 29 lient's day program staff on at 12:32 PM revealed that the for the client's chest hamess on. At the time of the survey, analyse each client's distinction of the survey, and the fine of the survey.	W 43	6		
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Facility ID: 0013120

	T OF DEFICIENCIES OF CORRESTION	(CA) PROVIDENSIPPLE NUM NOTHANFINED NUM NOTHANFINED	PICEIA (BER:	(A) MULTI (A) BUILDING (B) WING	PLE CONSTRUCTION G	(XS) DATE SURVEY COMPLETED	
		08G120	/		And Tity now	11/97	<u>//2007</u>
NAME OF P	ROVIDER OR SUFFLIER		2620 241H WASHINGT	FIREET, I	9018 		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIPYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETE DATE
•	descriptions with employment and at employment and at This Statute is not Based on interview GHMRP falled to proceed their employment of their employment. The finding include interview with the Fof the GHMRP's periodence that one of their employment and/or assect with their employment and/or assect with their employment and/or assect of the contents of discussed with their employment and/or assect of the contents of the conten	all discuss the content of montest and record review, to and record review of joint and annually therest and annually therest care staff and their job descriptions of their job descriptions at the beginning of annually thereafter.	ints of job beginning lafter. Ine the beginning lafter. Ind review amber 5, wide like in the in th	205	3509.6 This Statute will be met evidenced by: Current health certificat two direct care staff and consultants will be obtated. Administrative Assistant continue to maintain a relisting of all consultant certificates and expiration dates. Administrative Assistant send notifications at lead days prior to expiration	te for large four ined. I will master health on the will st 45	12.28.07 Onojoiny
design the transfer	Based on interview CHMRP falled to exprior to employmen	met as evidenced by and record review, to reure that each empt t and annually thereto of a physician's certif	he oyee, ifier,		to identified consultant requesting needed information.	date	·



STATEMEN AND FLAN	T OF DEFICIENCIES OF CORRECTION	(XII) PROVIDENSUPPLIE (DENTIFICATION NU)	ricija Mber:	(XZ) MULTI A BUILDIN B. WING_	PLE CONSTRUCTION 5	COMPLI	ered -
		09G120	···			11/0	7/2007
ID:	Royder or Supplier		2629 241	DRESS, CITY, I H STREET, I STON, DC 2			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCHDENTIFYING INFORMA	S IFULL ITION)	ID PREFIX TAS	Providers Plan of C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TA DEPICIENCY)	n should be Eappropriate	COMPLETE DATE
l 379	November 6, 2007 An incident report of revealed that Client staff hit her in the ophysical abuse was review of the incide the State Agency's was notified. Interviews Physical Services Physical that this o	ent reports were revided the pinning at 9:11 AN intend January 12, 20 it #8 alleged that a distribution of the state of the state of the port form reveal Health Services Cookiew with the State Acogram Coordinator of at approximately 7: ffice (DOH) was not it incident/investigation	li: 107 107 107 107 108 108 108 108	1379			
1 422	Each GHMRP shall and assistance to rethe resident's Indianate is not Based on observational review, the GHMR) training and assistant four residents (Rin the cample as special training include the finding include Observation of Clie 2007 during the modernization beginness pulniched all otheir bubble packs beverage (water and the cample as the cample as the course pulniched all otheir bubble packs beverage (water and the cample as the	s: nts #2 and #3 on Notification ming at 7:44 AM revior the client's medical and provided the client id Juice, respectively)	training to with in. tord initiation, ifour out and #4) fual rember 5, rember 5, rember 6, respective interpretations its with as its drink.	1 4222	3521.3 This Statute will be nevidenced by: Reference responses Federal Deficiency R W149, W156, W159, W196, W249, and W	to eport W195,	12.28.07 ongoing
	her medications fro	rved in her badroom in the medication cut em into her mouth in	p ≡nd				

STATEMEN AND FLAN	EMENT OF DEFICIENCIES FLAN OF CORRECTION (X1) FROVIDERSUFFLERICLA IDENTIFICATION NUMBER:		(0/2) MU A. BLILL B. WING		(XX) DATE (COMPL	SURVEY ETED	
NAME (3P)	PROMDER OR SUPPLIER	696120	Concer 18	ــمانــ		11/07/2807	
IDI	OKOBET DE		2529 247	HSTREET STON, DC	, STATE, ZIP CODE , NE 20018		
(%) ID PREFIX TAG		Tement of Deficiency Must be preceded by SC IDENTIFYING INFORM	(= 71) ¥	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	n should be Eappropriate	COMPLETE DATE
-		nt #3 was observed the nurse. Icted with the Facility of Retardation Professor 5, 2007 at 9:57 %, to ascertain if any had a self-medication of CiviRP revealed in a formal propriation of self-medication of self-medication of self-medication of self-medication of self-medication of self-medication of November 7, 2007. Ich on November 5, it is and Clent #1, #2, #3 and Clent #1 was obselved in the Iwing open in her whech it is seefa in the Iwing the secfa in the Iwing to it). Client #4 was intened from her with the living room. Asked to by the OMFF with the keyboard, we served to have a critical in her hand. If at 4:40 PM, reveniting to engage the the in the activity by the intened in her hand. If at 4:40 PM, reveniting to engage the in the activity by the intened in the children which to children #1 was escented the had a critical in the activity by the intened in the children which to children #1 was escented the control of the children which to children #1 was escented the was escented the children #1 was escented the children #1 was escented the was estented the was escented the was estented the was estented the was escented the was estented t	y (FC) sional Mand of the In and of the In the cont of the It is t	1422			

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and Plan	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (AT) PROPADER/SUPPLIENCIA IDENTIFICATION NUMBER: 696120		MIRER:	a builda e vving_		(X3) DATE SE COMPLE	
NAME OF F	ROVIDER OR SUPPLIER		2620 241	DRESS, CITY, H STREET, STON, DC 2	STATE ZIP CODE NE 8018		
(X4) ID FREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MUST BE PRECEDED BY SC IDENTIFYING INFORM	MULL.	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REPERENCED TO T DEFICIENCE	ion should be Heappropriate	(XS) COMPLETE DATE
1422	their bedroom. Intereversied that Client bedroom during me were fed through the were fed through the Continued client #2 vine Facility Coordination. It should be be used to be used to be the client's plate was included and #3 were not meal preparation or sold PM, dinner was from the table nor winvolved in component of the table of the client remained in the client remained in the client was not observed participation observed participation of between the identity object. Observation on Nov revealed Client #2 served Client remained in the client and client #2 served Client #2 se	#1 and #4 were escriview with the QMRI is #1 and #4 remains attimes because the eir g-tubes. cervation at 5:04 PM walking down the half ator (FC). The Assistad Services (ADRS) is to remind the FC and by Client #2 during the moter that Client At 5:17 PM, dinner norm table by staff, dividually prepared to particularly observed to be involved to be involved to remove the removed to remove the removed to remove the remove of dinner clean until 4:04 level to participate/as At 4:08 PM, Client #3 in the kitche ing dinner preparations with the participate/as At 4:08 PM, Client #3 in an activity that is lanimals on flash continer 7, 2007 at 8:4 eated on the sofa in mained on the sofa in the	to their both way with way with the was in the clients was in the clients with a clients was required a clients.	1422			
72-1-2	1. Review of Clients	5 671, #2, #3 and #41	s records				·

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ratement of deficiencies No plan of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NO	PRICLIA MBER	A BUILDIN	IPLE CONSTRUCTION		(A3) DATE SURVEY	
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ANE OF PROVIDER OR SUPPLIER		STREET ADD	ESS, CITY, :	STATE, ZIP CODE	17/	07/2007	
ום		2520 24TH Washingt	STREET, 1	NE			
TAG REGILATORY OR LI	TEMENT OF DETICIENCIE MUST BE PRECEDED BY SC LOENTRYING INFORMA	licere I	ID PREFIX TAG	PROVIDER'S FLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCE) TO TO DEFICIENCY	ÓN SHOULD BE LE APPROPRIATE	COMPLETE DATE	
to the review of Clie	regarding their form of date collection. A shift's record on Not the client's individual on August 1, 2007. Yeview of the client's for the ISP (at 6.29 Head of the ISP (at 6.29 Head of the ISP year. The her hands being the trial recorded personants by August 24 MRP and review of the client the trial recorded personant had not been sek when prompted it is having a textured it on, sponge, cotton it on, sponge, cotton it on, sponge, cotton it on, sponge, cotton it from the date collection rementioned prograted. In to one story being in the one story being in the date collection rementioned prograted in the consecutive it is consecutive consecutive.	ital locarding locarding locarding locarding locarding litterview litterview locarding	422				

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	TATEMENT OF DEFICIENCIES (C1) PROVIDERSUPPLIERICIA (C1) PROVIDERSUPPLIERICIA (DENTIFICATION NUMBER			A BUILDII	TPLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED	
		89G12D		B. WING		7/2007	
NAME OF F	ROMDER OR SUPPLIER	7			STATE, ZIP CODE		
101	·		2620 24THA Washing B	erreet, on, DC 2	NE 19648		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DERCIENCE MUST BE PRECEDED BY SCIDENTIFYING INPORMS	FULL	PREFIX TAG	FROMDER'S PLAN OF CLORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD EE	COMPLETE DATE
1422	with the QMRP and record revealed that not been impleated in a fact that not been impleated in a fact the previous year on November 7, 201 was held on April 12 QMRP and review (QMRP and over has carry her laundry the Carry her laundry the Carry her laundry in the CMRP at 4 time of the survey, that not been impleated in a group her pears for five minerotided per month April 2008. Interview revealed that at the efforementioned proimplemented. c. Client #2 will enhance per month, Client #2 will enhance of the carried proimplemented.	I raview of the data data to the aforementioned mented. hat further review officers received revealed that all of objectives received in a 12.30 PM, the city at 2.30 PM revealed that the aforementioned in the aforementioned in the city at 2.30 PM revealed that the aforementioned in the city at 2.30 PM revealed that the aforementioned in the city at 3.30 PM revealed that the aforementioned in the 2.30 PM revealed that the aforementioned in the aforem	client program Client data was manerical record ient's ISP that ending eteam or the skills. Is will laundry nonth for serview at the rogram akills. #2 will the two of intals nonths by 4.48 PW in the skills.	4.22			
	center or nature cer	nter with physical ass onths by 6/07. Inten	istance				

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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIED/CLIA DENTIFICATION NUMBER:		ERICILIA IMBER:	A BUILD		(X3) DATE : COMPI	
NAME OF D	NAME OF PROVIDER OR SUPPLIER STREET		h			11/07/2007	
	WAINER OK SOLLTEK				, STATE, ZIF CODE		.,,
151			2620 2413 WASHING	TON, DC	, NE 20018		
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCE I'MUST BE PRECEDED BY SCIDENTIFYING INFORM	inen i	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	QUATE N NE	(KS) COMPLETE DATE
	the QMRP at 4:48 if the survey, the aforthe survey implemented. d. Client #2 will enter the survey a music related action of september 2, 4 if the survey with client's record reveal for September 2, 4 if the survey of Client 2007 at 11:55 AM, in held on August 2, 20 QMRP and continue revealed the isP was interview with the Qlient's clata collection continued to work or specified in the August 2, 2007 in the September 7, 2007 in September 8, 2007 in September 9, 2007 in S	PM revealed that at it ementioned program and consecutive management of the consecutive management of the Chirp and review of the Chirp and review of the Chirp and review with a consecutive management of the chirp and review of the client's lead for the client's lead review of the client's lead review of the client and review of the chirp and interview with the Anial Services (ADRS) revealed that Client at confirmed one program objective in program skills and the cellent at a confirmed in the confirmed one program objectives: "Is a confirmed in the cellent at a confirmed in the cellent to enhance it is a confirmed in the cellent to enhance it is a confirmed to a computer for 4 out the computer for 4 out the treatment document docu	on skills. In ship ship ship ship ship ship ship ship	i 422			
	on Administration	IRP revealed that th					,

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MD PLAN	YT OF DEFICIENCIES OF CORRECTION	PROVIDENSUPPLIE DENTIFICATION MUI DESCRIPTION MUI	ricla Mber:	(PZ) MURTIP A. BUILDING B. WING	LE CONSTRUCTION	(73) DATE COMPI	(AS) DATE SURVEY COMPLETED	
AME OF F	ROVIDER OR SUPPLIER		STREET Ward	167707		. 110	712007	
DI .			2620 24TH	CESS, ENY, SI	ATE, 2IP CODE		×14.001	
			WASHINGT	ONL DC 281	3 Ma			
(X4) (D	SUMMARY STAT	MENT OF DESCIONCIE						
PREFIX TAG	REGULATORY OR LE	rust be preceded by C identifying informa		FREFEX TAG	PROVIDER'S PLAN OF (BACH CORRECTIVE ACTI CROBS REFERENCED TO T DEFICIENCY	PH SHOULD BE	COMPLETE DATE	
J 422	Continued From pag	je 10		422			<u> </u>	
	aforementioned prog previous year. That through review of the notes. According to unable to participate February 2007 through the computer or the p Further review of the client failed to achiev program from May 20 2007.	tram was continued to information was very QMRP monthly ploy the notes, Client #8 with the program from April 2007 due to phinter malfunctioning QMRP notes reveals the criteria specific	from the field gress frame in the fither great the field frame in the	422	·			
	to. Two times monthly tem of her choice not fine trials presented by September 2008. The trials presented by September 2008. The trials presented by September 2008. The trials programment of the review the trials to the conting to review the trials to the excepting to review the trials are to the exception January 2007 the liter of her choice. The cold weather. A northly Clent #3 refund the cold weather. A northly Clent #3 refund the problems with the except the QMRP not the criteria outlines of the criteria outlines.	To exceed \$10.00 or for exceed \$10.00 or for exceed \$10.00 or for exceed \$10.00 or for exceed that the ealed that the ealed that the ealed that the exceed for exceed \$5.00 when putch cough September 200 \$5.00 when putch Continued review of program was not by and February 200 exceeding to the April sed to performed the feelity van (noting to feelity van (noting feelity feel	in 75% months income the income t					
No Qi res les ap	00% accuracy. Other It should be noted in Movember 5, we see the should be noted by the second of t	od that interview with 2007 at 8:47 AM	t he					
	- 4							

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STATISMEN AND PLAN	TATEMENT OF DEFICIENCIES ON PROVIDERSUPFLIENCIA DENTIFICATION NUMBER:		(DO) MUL A. BUILD	TIPLE CONSTRUCTION		(A3) DATE SURVEY COMPLETED	
	0	896 120		B. WING		1	
NAME OF	PROVIDER OR SUPPLIER		STREET	OPPESS COLV	STATE ZIP CODE	1 11/	07/2007
lbi			2820 241 WASHIN	h street Gion, DC	Mis		
(764) ID	SUMMARYSTA	TEMENT OF DEFICIENCE	3	ID	PROVIDERS PLAN OF CORRE	THE OLD	1 2 2
PREFIX TAG				FREMX	(BACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	ictura pe	(AS) COMPLETE DATE
1422	Total I total Pos		·	1422			
-	record #4:21 PM in hald on September CMRP and review of IPP for the ISP (at 5 recommended the ficultient ISP year.	2007 review of Clief evealed the client's If 7, 2007. Interview w if the client's correst (23 PM) revealed the ollowing program tot	SP was tith the conding a team the				
	Client #4 will improve skills. Given hand e skills. Given hand e #4 will help brush he recorded per monitro by August 2008. Intervealent that at the aforementioned provincemented.	Var hand assistance or beth on 80% of th for six consecutive I erview with the QMH time of the survey, the	, Client e triale nonths				
1 424	Continued record reprogram objectives was 2007 is initial were of ISP. They included a lower extremity rang improve communication activity. In record review on Northal Client #2 had all information that justification that programmed programmed programmed programmed programmed programmed programmed programmed from the facility failed to participate with recording the par	Wete recommended to minuted from the profession participation of the profession of t	at the revious ate in s. an ARCP and esled in outlined in Clients oriunity if ited.	1 424	1424 3521.5(a) This Statute will be me evidenced by: Reference response to Federal Deficiency Report W149, W156, W159, W W196, W249 and W255.	ort 195	12.28.07 ongoing

② 041 ② 017 ② 016

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NEWBER:		Raclia MBER:	V BRITO	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		096120		B. Wing		118	7/2007
NAME OF F	ROMDER OR SUPPLIER		STREET ADDR	ESS, CITY	STATE ZIP CODE	1 1/2	112001
IDI 2826 24 WASHIN				STREET, ON, DC	NE 29018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÉMENT OF DEPICIENCIE MUST BÉ PRECEDED BY BC (DENTIFYING INFORM)	Esur I	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPR DEFICIENCY)	MORE	(X5) COMPLETE DATE
1424	Confintied From pa	e 12	·	424		-	-
,		e at least every six (Q) monins:				
·	(a) Has successfully objectives identified Plan;	/ completed an objet in the individual Hai	tive or bilitation				
	This Statute is not met as evidenced by based on interview and record review, the GHMRP failed to ensure program revisions were made at least every six months or wheme resident successfully completed the objective for two out of four residents (Resident #2 and #4) included in the sample.						
	The finding includes	4			·		
1	1. Review of Client: 2007 at 2:30 PM, reineld on April 12, 200 and review of the client: 3:14 PM revealed the following program of year:	vealed the client's 15 17. Interview with thi ent's corresponding I e feam recommends	P was e CMRP IPP at ad the				
·	Client #2: will improve skills. When given vactivate a keyboard to by Active Treatment to interview with the aforementioned progyear with slight modifieds. Review of the program bejective rathe program for 5 out September 2006 that again from May 2007	rerbal prompts, Client for 5 of 5 trials as mil Documentation. Ad CIMRP at 3:59 PM, the mass continued in factions. Last years perform the task 3 documentation for the selection of 5 trials per month ough February 2007 it through August 2007 of 5 trials per month ough February 2007 of through August 2007 of 5 trials per month ough February 2007 of through August 2007 of 5 trials per month ough February 2007 of through August 2007	t#2 will essured ending he from last e KSP out of 5 est years repleted h from frem				
I	CiviRP was queried to client was supposed	to determine what si	ills the	ł			

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PRINTED: 11/20/2007 FORM APPROVED

STATEME AND PLAN	nt of deliciencies I of Correction	(X1) PROVIDENSUPPLI IDENTIFICATION N	FRICLIA	OC2) MILIT	PLE CONSTRUCTION	200 200	
			hwa est	A BUILDING E. WING		COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	096120				aan aan	7/2087
	· · · · · · · · · · · · · · · · · · ·		STREET	DRESS CITY,	STATE ZIP CODE		1772087
(D)		,	2620 241 Washin	h Street, I Ston, DC 2	MC .		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCE		П		·	<u></u>
TAG	ACCOUNT OR D	MUST BE PRECEDED BY	(FULL ARION)	PREFIX	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS REPERENCED TO THE DEFICIENCY)	Feb 1/44 to the term	(XB) COMPLETE DATE
1424	Continued From pay		, , , , , , , , , , , , , , , , , , ,	1424			
	modified program. continued interview revealed final the criteria level estimate the criteria level estimate program prior to its in 2. Review of Client: 2. Review of Teview of Its and review of Its and review with the Client: 4. Will improve the Client: 4. Review with the Client: 4. Review with the Client: 4. To improve function the placing an objection of 6 trials as meaning in give the object to the course of 6 trials as meaning in give the object to the course of 6 trials as meaning in give the object to the course of 6 trials as meaning in the course of 6 trials	At the time of the structure in the QMRP and the client had already ablished in the meditablished in the client's 187, 2007. Interview with the client's corresponded the team recolor over extremity range of more polycetives for their consecutive months assistance, Client assistance in the consecutive months and record revision that year's ISP with the QMRP and record their every month with the Client assistance in the communication as to the communication as to the communication as to the communication and communication as to the communication and communication as to the communication as to th	record dy met dy met fied mber 7, P was filt the onding mended current range off the will stion conds, 5 s, pective eview off aregram the 2008, ie why the skills, ske uest, tanent and d	1424			
a	ear's ISP. Continued nd review of the OMF wealed the program	Ps monthly notes	ì				
in Regulatio	n Administration		——————————————————————————————————————				1

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. '	TATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(AZ) MULTIPLE CONSTRUCTION A. BUILDING		(C3) DATE SURVEY		
						COMPLETED	
096120			B. WING		446	4.4607to.o.m	
			DORESS, CITY, STATE, ZIP CODE 11/07/2007			U.1.12UU7	
IDI			Washing	HSTREET, STON, DC 2	NÉ 10018	•	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WHAT HE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			id Prefix Taig	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
1 424	Continued From page 14			1424			
	every month from November 2006 through September 2007. Interview with the CMRP, at the time of the survey, falled to reveal information as to why the program was continued villhout revision.				·		
- {	c. To enhance atter Client #4 will particip stimulation activity o with hand over hand months by 8/08. Into record review reveal program objective hayear's ISP. Continuand review of the Quitevaled the program every month from No September 2007. In the time of the surve as to why the program evision.	rate in a mult-sense finer selection for a assistance for 6 cap arriew with the QMR ed the aforemention at been continued to the interview with the MRP's monthly notes n objective had been overniter 2008 through terniew with the QMI M, feited to revent interview interview with the QMI M, feited to revent interview in the QMI M, feited to revent interview interview with the QMI M, feited to revent interview in the QMI M, feited to revent interview in the QMI	y minutes associated of last QMRP and ast QMRP and ast quarter				
		·					

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION		(CO) PROVIDER/SUPPLIENCIA IDENTIFICATION NUMBER:		A. BUILDIN	PCO MULTIPLE CONSTRUCTION A. BRUILDING IR. WING		(ASI) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIES 1 STREET AD					11/07	7/2007		
1DI			2620 24TI WASHING	Mess, City, Usincet, Ton, DC 2				
(X4) ED PREFIX TAG	Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (BACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	COMPLETE DATE		
R 000	INITIAL COMMEN			E 090		•		
	November 5, 2007 random sample of i from a residential p mental retardation a survey findings were the group home and	ey was conducted fit through November I four residents was st opulation of eight fet and other disabilities the based on observal d at two day program view of records, Inclipants.	7, 2907. A blected males with The tions in is,					
R 125	The criminal backgriminal history of the contract worker for in all jurisdictions we employee or contra	UND CHECK REQUING IN CHECK Shall did not be prospective emplored the previous severn (littin which the prospect worker has worked even (7) years prior to the prior of the pri	sciose the byee or (7) years, lective ki or	R: 125	•	•		
	Based on interview GHMRP failed to en checks disclosed the prospective employ previous seven (7) which the prespectivorker had worked (7) years prior to the finding includes	ž.	he pound lany ir for the lons willain lact seven		This Statute will be we as evidenced by. Ituman Resources Direct will continue to secure k checks for all employe the time of hire. Ituman Resource Direct continue to monitor/ch	or xultoround es cet or will reck	12·14·07 ongany	
Health Dawn	of the personnel rec revealed that the Gl evidence that crimin on the and disclose	acility Coordinator al cords on November I HMRP falled to prove hal background ched d a seven year histol are the employee ref	5, 2007 de lks were ly of all		records to ensue that background checks a filed and available dreview.	T (2.CX	,	
LABORATORY	MONCUY PAMM DRECTORS OR PROVID	L Heroupplier represen	ITATIVES BIGD	IATURE	nt. = br>		2009 DATE	

INDIVIDUAL DEVELOPMENT

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STATEMENT OF DEFICIENCIÉS AND PLAN OF CORRECTION (X1) PROVIDENTIFICAT		(X1) PROVIDERVOUPPLIE (DENTIFICATION NU	r/CLIA MÖER:	PZ) MULTIPLE CONSTRUCTION A. BUILDING		COMPL	(ACI) DA'IE SURVEY COMPLETED	
		09G120		E. WING_		11/0	7/2007	
				DRESS, CITY, STATE, ZIP CODE				
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leafith Regulation Ac	กลิตโซบอบิดก			iliaa K	EN411	At competition on	ion sheet 2 of 2	